



Monitoring and Evaluation of Programme Implementation Plan, 2021 – 22
Godda District, Jharkhand

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List of acronyms and Abbreviations

ANC	Ante Natal Care	MOIC	Medical Officer In- Charge
MDR	Maternal Death Review	BMW	Biomedical waste
ANM	Auxiliary Nurse Midwife	NBCC	New Born Care Corner
MMU	Mobile Medical Unit	NBSU	New Born Stabilization Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	NSSK	Navjaat Shishu Suraksha Karyakram
MoHFW	Ministry of Health and Family Welfare	SNCU	Special New Born Care Unit
BEMOC	Basic Emergency Obstetric Care	BSU	Blood Storage Unit
CHC	Community Health Centre	CMO	Chief District Medical Officer
PIP	Programme Implementation Plan	DPM	District Programme Manager
RBSK	Rashtriya Bal Suraksha Karyakram	HMIS	Health Management Information System
NSV	No Scalpel Vasectomy	PRC	Population Research Centre
DMPA	Depot Medroxyprogesterone Acetate	IEC	Information, Education and Communication
OPD	Out Patient Department	RKS	Rogi Kalyan Samiti
ECG	Electrocardiography	RCH	Reproductive Child Health
EMOC	Emergency Obstetric Care	IPD	In Patient Department
PNC	Post Natal Care	PPP	Public Private Partnership
FRU	First Referral Unit	OPV	Oral Polio Vaccines
DH	District Hospital	OCP	Oral Contraceptive Pill
IYCF	Infant and Young Child Feeding	LT	Laboratory Technician
MCTS	Mother and Child Tracking System	PHC	Primary Health Center
IMEP	Infection Management and Environment	IUCD	Plan Intra Uterine Contraceptive Device
RPR	Rapid Plasma Reagin	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	JSY	Janani Suraksha Yojana
SKS	Swasthya Kalyan Samiti	DMC	Designated Microscopy Center
SN	Staff Nurse	LSAS	Life Saving Anaesthetic Skill
TFR	Total Fertility Rate	M&E	Monitoring and Evaluation
SC	Sub Center	MCH	Maternal and Child Health

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Godda District, Jharkhand

Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2021 – 22 of Godda District was carried out by the PRC team from 31st December 2021 to 4th January 2022. The Civil Surgeon Office, District Hospital (Sadar Hospital), CHC Mahgama, Primary Health Centre Saroni and Sub-Centre Gaychhand were visited for the study by the PRC team. During the field visit DDM accompanied the PRC team. This report discusses in detail the implementation of PIP in Godda District as observed during the field visit for monitoring.

The key observations are given below:

Achievements

- Increase in the number of OPD cases at SC, PHCs and CHCs, even though there is a decline in the utilisation of health care services due to the COVID-19 pandemic
- Increase in the number of institutional deliveries
- Free meals and drugs facilities are available for mothers at institutions
- The DH got 1st prize on Kayakalp assessment in 2018-19 with 95%

Infrastructure

- A deep burial pit should be constructed at every delivery point to avoid the burning of biomedical waste. There is an urgent need for deep burial in SC Gaychhand and PHC Sauroni.
- In CHC Mahgama, infrastructure is lacking as per the guidelines of FRU.
- In PHC Sauroni, a proper way to reach to the near road head, staff quarters need renovation and power backup for whole hospital and defined boundary.
- All most all facilities need renovation in the existing structure or new construction is needed.

Human Resource

- The district needs to address the shortage of specialist doctors and need to rationalise the posting of health staff.
- To improve the man power and reduce the dropout, increase in the payments for NHM staff is required.
- Recruitments of Lab technicians, Data operators is needed in lot of the places.

Service Delivery

- Significant increase in institutional deliveries as compared to last financial year.
- Service delivery to TB patients from district DMC is good except for payments under Nikshay Poshan Yojana.
- Ambulance service available on 102

Areas for Further Improvement

- Regular meetings of the State & District Health Mission should be held to address coordination
- HR related problems need to be resolved
- All PHCs should have basic lab facilities and separate ambulance.
- Public health schemes should be implemented properly
- Branding of HWC, JSSK and other national programmes is required in all the facilities of the district.
- Family planning awareness should be done more.
- The regular supply of drugs to all the facilities based on their requirements.

1. Overview of District

Godda district is one of the twenty-four districts of Jharkhand state in eastern India. It lies in the northeastern part of the state. The geographical area that now comprises Godda district used to be part of the erstwhile Santhal Parganas district. Godda town is the headquarters of Godda district. The area of the district is 2110 km², with a population of around 861,000. The district is without any rail link, the nearest railway station being Hansdiha. The main economic activity of the people is agriculture, and major crops are paddy, wheat and maize. Godda is the land of a tribe called Santhals. Godda is not only a land of tribes, the local inhabitants also include the non-tribal and urban people.

Godda was a part of undivided Santhal Pargana district until 1981 census. Later the old Godda sub-division of Santhal Pargana was separated and formed as a new district. As a consequence of the Santhal rebellion of 1845-55 the district of Santhal Pargana was created from portions of Bhagalpur and Birbhum. Godda district at present comprises eight Blocks: Meherma, Mahagama, Boarijor, Pathargama, Godda, Sundurpahari, Poraiyahat and Thakur Gangati. Godda is the only town in the district. There are 2311 villages in the district.

The details of the district are given in the below table 1. Data for the below table is received from DPMU Office of the Godda district.

Table 1: District background, health indicator and facility details of Godda district, 2021 - 22

Indicator	Remarks/ Observation			
1. Total number of Districts	1			
2. Total number of Blocks	Administration Block – 09, Health Block - 07			
3. Total number of Villages	2311			
4. Total Population	1549830			
• Rural population	1477700			
• Urban population	72130			
5. Literacy rate	63.3			
6. Sex Ratio	942			
7. Sex ratio at birth	1007			
8. Population Density	750			
9. Estimated number of deliveries	35001			
10. Estimated number of C-section	3500			
11. Estimated numbers of live births	33445			
12. Estimated number of eligible couples	276000			
13. Estimated number of leprosy cases	200			
14. Target for public and private sector TB notification for the current year	1900			
15. Estimated number of cataract surgeries to be conducted	5500			
16. Mortality Indicators:	Previous year (Apr.20 to Mar-21)		Current FY (Apr. 21 – Nov 21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death		36		7
• Child Death		15		11
• Infant Death		127		8
• Still birth		502		246
• Deaths due to Malaria		0		0
• Deaths due to sterilization procedure		0		0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	1		1	
2. Sub District Hospital	0		0	
3. Community Health Centers (CHC)	7		7	
4. Primary Health Centers (PHC)	9		9	
5. Sub Centers (SC)	186		186	
6. Urban Primary Health Centers (U-PHC)	1		1	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	1		1	
9. Nutritional Rehabilitation Centres (NRC)	5		5	
10. District Early intervention Center (DEIC)	0		0	
11. First Referral Units (FRU)	3		2	
12. Blood Bank	1		1	
13. Blood Storage Unit (BSU)	1		0	

14. No. of PHC converted to HWC	9	9
15. No. of U-PHC converted to HWC	1	1
16. Number of Sub Centre converted to HWC	109	65
17. Designated Microscopy Center (DMC)	15	15
18. Tuberculosis Units (TUs)	7	7
19. CBNAAT/TruNat Sites	1/7	1/7
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	01	01
• At SDH	NA	NA
• At CHC	7	4
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	8	8
• Providing 1st trimester services	8	8
• Providing both 1st & 2nd trimester services	0	0

Source: DPMU, Godda District

2. Public Health Planning and Implementation of National Programmes

2.1 District Health Action Plan (DHAP)

In preparation of the District Health Action Plan (DHAP), all the facilities are involved. All the facilities send their requirements and action plan to the district for approval. According to the DHAP sent by the district, the state with some minor changes give their approval.

The district has received the first instalment of approved DHAP on the 18th of November 2021. DMPU has provided the details of funds received and utilised for the various programmes of NHM. DPM stated, “Every year DHAP (PIP) funds are being received in the same period, but they are making payment of ASHAs on time by using the previous year’s unspent funds”.

Table 2: Details about DHAP and status of construction of building in Godda district

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	November 2021
3. Date of first release of fund against DHAP	18 November 2021
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	No

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Details of Construction completed but not handed over 	No

Source: DPMU, Godda District

2.2 Service Availability

There is 1 DH, 7 CHCs, 9 PHCs and 186 SCs available in the district for primary, secondary and tertiary health care services. In the district free drug policy is being implemented under all national programmes and for BPL patients. Other than national programs, patients are charged ₹10/- for case paper and lab tests are done on minimum charges. There are in house labs available in all the district facilities for most diagnostics tests, whereas some are outsourced.

RBSK: There are a total of 14 RBSK teams, one each in a block are available in the district. Only seven teams are equipped with the required number of human resource. There are seven vehicles on the road for RBSK teams. Children born in delivery points screened for defects at birth were 8 in total.

Special Newborn Care Unit (SNCU): This district has 12 beds in SNCU, Sadar Hospital (District Hospital). There are 12 radiant warmers, 6 step down unit and 4 KMC unit available in the SNCU. From April 2021 to November 2021, a total of 498 inborn infants and 144 out born infants were admitted to the SNCU, in that 279 and 55 infants respectively were discharged; 147 and 58 infants respectively were referral; 53 and 29 infants respectively were LAMA; 19 and 2 infants respectively died.

Newborn Stabilisation Unit (NBSU): From April 2021 to November 2021, 314 infants were admitted in the NBSU and 232 infants were discharged; 132 infants were referral.

Nutrition Rehabilitation Centre (NRC): There are 5 NRC's available in the district. Among the admitted children, 547 were Bilateral pitting oedema, 202 were admitted due to MUAC<115 mm and 345 were admitted due to <3SD WFH. Most of these cases were referred by front line workers.

Home Based Newborn Care (HBNC): There are 1702 HBNC Kit available with ASHAs. Total of 12750 newborns were visited under HBNC.

The below table 3 gives the details of the health service delivery indicators at the district level of the Godda district on November 2021.

Table 3: Details about the health service delivery in the Godda district, 1st April 2021 – 30th November 2021

Indicator	Remarks/ Observation	
1. Implementation of Free drugs services (if it is free for all)	Yes	
2. Implementation of diagnostic services (if it is free for all)	64	
<ul style="list-style-type: none"> • Number of lab tests notified 		
3. Status of delivery points		
<ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month 	76	
<ul style="list-style-type: none"> • No. of 24X7 PHCs conducting > 10 deliveries /month 	9	
<ul style="list-style-type: none"> • No. of CHCs conducting > 20 deliveries /month 	7	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	01	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital conducting C-section 	01	
<ul style="list-style-type: none"> • No. of Medical colleges conducting > 50 deliveries per month 	NA	
<ul style="list-style-type: none"> • No. of Medical colleges conducting C-section 	NA	
4. Number of institutes with ultrasound facilities (Public+Private)	01	
<ul style="list-style-type: none"> • Of these, how many are registered under PCPNDT act 	01	
5. Details of PMSMA activities performed	7 CHCs & 01 DH	
6. RBSK		
<ul style="list-style-type: none"> • Total no. of RBSK teams sanctioned 	14	
<ul style="list-style-type: none"> • No. of teams with all HR in-place (full-team) 	07	
<ul style="list-style-type: none"> • No. of vehicles (on the road) for RBSK team 	07	
<ul style="list-style-type: none"> • No. of Teams per Block 	01	
<ul style="list-style-type: none"> • No. of block/s without dedicated teams 	0	
<ul style="list-style-type: none"> • Average no of children screened per day per team 	0	
<ul style="list-style-type: none"> • Number of children born in delivery points screened for defects at birth 	8	
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> ○ In radiant warmer ○ Stepdown care ○ Kangaroo Mother Care (KMC) unit 	12 6 4	
<ul style="list-style-type: none"> • Number of non-functional radiant warmer for more than a week 	0	
<ul style="list-style-type: none"> • Number of non-functional phototherapy unit for more than a week 	0	
	Inborn	Out born

Indicator	Remarks/ Observation	
• Admission	498	144
• Defects at birth	0	0
• Discharged	279	55
• Referral	147	58
• LAMA	53	29
• Died	19	2
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission	314	0
• Discharged	232	0
• Referral	132	0
• LAMA	0	0
• Died	0	0
9. Nutrition Rehabilitation Centers (NRC)		
• Admission		
○ Bilateral pitting oedema		547
○ MUAC<115 mm		202
○ <'3SD WFH		345
○ with Diarrhea		0
○ ARI/ Pneumonia		0
○ TB		0
○ HIV		0
○ Fever		0
○ Nutrition related disorder		0
○ Others		0
• Referred by		
○ Frontline worker		520
○ Self		37
○ Ref from VCDC/ CTC		0
○ RBSK		0
○ Pediatric ward/ emergency		0
• Discharged		531
• Referral/ Medical transfer		0
• LAMA		16
• Died		0
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs		1702
• Newborns visited under HBNC		12750
• Status of availability of drug kit with ASHAs		Yes
11. Number of Maternal Death Review conducted		
• Previous year		3
• Current FY		4
12. Number of Child Death Review conducted		
• Previous year		3
• Current FY		4
13. Number of blocks covered under Peer Education (PE) programme		
	Not Applicable	

Indicator	Remarks/ Observation	
14. No. of villages covered under PE programme	Not Applicable	
15. No. of PE selected	Not Applicable	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	07	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	Yes	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	01	
• No. of trips per MMU per month	25 Days	
• No. of camps per MMU per month	25 Camp	
• No. of villages covered	Approx 100 Villages covered every Month	
• Average number of OPD per MMU per month	650	
• Average no. of lab investigations per MMU per month	115	
• Avg. no. of X-ray investigations per MMU per month	No	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	62	
• Avg. no. of sputum collected for TB detection per MMU per month	0	
• Average Number of patients referred to higher facilities	35	
• Payment pending (if any) • If yes, since when and reasons thereof	Payment Due since June 2021 (Lack of fund)	
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	11	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	1	
	ALS	BLS
○ Operational agency (State/ NGO/ PPP)	state	State
○ If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
○ Average number of calls received per day	4.6	5
○ Average number of trips per ambulance per day	2	2
○ Average km travelled per ambulance per day	81.4	87.4
○ Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)	Not Available	
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		

Indicator	Remarks/ Observation
20. Universal health screening	
• If conducted, what is the target population	149087
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	20647
• No. of patients screened, diagnosed, and treated for:	
○ Hypertension	20647
○ Diabetes	15568
○ Oral cancer	14842
○ Breast Cancer	7261
○ Cervical cancer	6073
21. If State notified a State Mental Health Authority	Not Applicable
22. If grievance redressal mechanism in place	Not Applicable
• Whether call center and toll-free number available	
• Percentage of complains resolved out of the total complains registered in current FY	
23. If Mera-aaspatal has been implemented	Yes
24. Implementation of Integrated Disease Surveillance Programme (IDSP)	
• If Rapid Response Team constituted, what is the composition of the team	Yes (Epidemiologist, DSO, MO, PAED, Animal Husbandary Officer, Durg Inspector)
• No. of outbreaks investigated in previous year and in current FY	
• How is IDSP data utilized	6 in FY 2020-21, 6 in FY 2021-22
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	Data of P, L & S form or analyzed for diction of outbreak
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
• Micro plan and macro plan available at district level	Yes
• Annual Blood Examination Rate	6.84
• Reason for increase/ decrease (trend of last 3 years to be seen)	Year 2019 – 142008, 2020 – 100919 (Decrease due to Covid-19), 2021 (upto Nov) - 103066
• LLIN distribution status	100% Distributed as per target
• IRS	1 st Round – 95% & 2 nd Round – 95.7%
• Anti-larval methods	NA
• Contingency plan for epidemic preparedness	Yes
• Weekly epidemiological and entomological situations are monitored	Yes
• No. of MDR rounds observed	-
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	MF Rate – 0.87
26. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	1900/1894
• Whether HIV Status of all TB patient is known	Yes

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	1927/744
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	Yes
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: 1286 Treatment success rate: 94% No. of MDR TB Patients: 32 Treatment initiation among MDR TB patients: 32
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: 608 Treatment success rate: 84% No. of MDR TB Patients: 0 Treatment initiation among MDR TB patients: 0
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	158
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	No
27. Implementation of National Leprosy Eradication Programme (NLEP)	Yes
<ul style="list-style-type: none"> No. of new cases detected 	131 PV & 32 MB
<ul style="list-style-type: none"> No. of G2D cases 	0
<ul style="list-style-type: none"> MDT available without interruption 	Yes
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	0
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	Yes
28. Number of treatment sites and Model Treatment Centre (MTC) for viral hepatitis	0
29. Percent of health workers immunized against Hep B	100%
30. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	IEC, Training, Co-ordination meeting with PHED, Health Camp in Fluoride affected villages, Urine test of all ANC cases for estimation of Flourine
31. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	Anemia Mukht Bharhat Program
32. Key activities performed in current FY as per ROP under National Tobacco Control Programme	School & College Sensitization, Fine & chapa
33. Number of ASHAs	
<ul style="list-style-type: none"> Required as per population 	1920
<ul style="list-style-type: none"> Selected 	1765
<ul style="list-style-type: none"> No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population 	196
<ul style="list-style-type: none"> No. of villages/ slum areas with no ASHA 	14

Indicator	Remarks/ Observation			
34. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)				
• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1574			
• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	128			
• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1574			
• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	128			
• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	1574			
• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	128			
• Any other state specific scheme_____	No			
35. Status of Mahila Arogya Samitis (MAS)-				
a. Formed	18			
b. Trained	14			
c. MAS account opened	14			
36. Status of Village Health Sanitation and Nutrition Committee (VHSNC)				
a. Formed	1670			
b. Trained	1640			
c. MAS account opened	1640			
37. Number of facilities quality certified	0			
38. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	1 st Prize Awarded District Hospital in FY 18-19			
39. Activities performed by District Level Quality Assurance Committee (DQAC)	Assessment Done			
40. Recruitment for any staff position/ cadre conducted at district level	On Going at District level			
41. Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY	562	0	562	0
• Among these, no. of posts filled by state	0	0	0	0
• Among these, no. of posts filled at district level	0	0	0	0
42. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Source: DPMU, Godda

2.3 Implementation of CPHC

Ayushman Bharat - Comprehensive Primary Healthcare (CPHC) program is undertaking a population based Non-Communicable Disease (NCD) program is being implemented in the district.

Table 4: Status of CPHC in the district as on 30-11-2021

Indicator	Planned	Completed
1. Number of individuals enumerated	25350	20647
2. Number of CBAC forms filled	20647	11000
3. Number of HWCs started NCD screening:		
a. SHC- HWC		65
b. PHC- HWC		09
c. UPHC – HWC		01
4. Number of individuals screened for:		149087
a. Hypertension		20647
b. Diabetes		15568
c. Oral Cancer		14842
d. Breast Cancer		7261
e. Cervical Cancer		6073
5. Number of HWCs providing Teleconsultation services		75
6. Number of HWCs organizing wellness activities		75

Source: DPMU, Godda

2.4 Status of Human Resource

There are total 999 posts in different discipline sanctioned for the district under Regular and NHM of which 667 posts are filled and 332 posts are vacant.

Table 5: Status of Human resource (Regular + NHM) at public health facilities in Godda district as 30-11-2021

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy
• ANM	538	426	112
• MPW (Male)	90	88	2
• Staff Nurse	67	15	52
• Lab technician	37	18	19
• Pharmacist (Allopathic)	29	10	19
• MO (MBBS)	84	36	48
• OBGY	3	0	3
• Pediatrician	10	2	8
• Anesthetist	3	0	3
• Surgeon	2	0	2
• Radiologists	1	1	0
• Eye Specialists	1	1	0
• ENT	1	0	1
• Orthopaedic Surgeon	1	0	1
• Dentists/ Dental Surgeon/ Dental MO	8	2	6
• Dental technician	1	0	1
• Dental Hygienist	1	1	0

• Radiographer/ X-ray technician	12	3	9
• CSSD Technician	0	0	0
• OT technician	4	0	4
• CHO/ MLHP	99	60	39
• AYUSH MO	5	3	2
• AYUSH Pharmacist	2	1	1
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
• LSAS trained doctors	2	1	1
• EmOC trained doctors	2	1	1

Source: DPMU, Godda

2.5 State of Fund Utilization

Table 6: FMR wise Budget component details, 2021 – 22

FMR		Budget Head	GODDA			
			Amount Proposed 2021-22 (Rs. In Lakhs)		Amount Approved 2021-22 (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
1	U.1	Service Delivery - Facility Based	792.831	0.6	782.091	0.6
1.1	U.1.1	Service Delivery	211.584	0	215.514	0
1.2	U.1.2	Beneficiary Compensation/ Allowances	510.528	0	511.128	0
1.3	U.1.3	Operating Expenses	70.72	0.6	55.45	0.6
2	U.2	Service Delivery - Community Based	150.369	1.3	150.079	1.3
2.1	U.2.1	Mobile Units	58.32	0	58.32	0
2.2	U.2.2	Recurring/ Operational cost	78.72	0.3	78.43	0.3
2.3	U.2.3	Outreach activities	13.3285	1	13.3285	1
3	U.3	Community Interventions	1246.03	20.331	1246.5	20.298
3.1	U.3.1	ASHA Activities	1103.42	17.391	1103.99	17.358
3.2	U.3.2	Other Community Interventions	142.108	2.94	142.018	2.94
3.3	U.3.3	PRIs/ULBs	0.5	0	0.5	0
4	U.4	Untied Fund	220.875	3	280.555	3
5	U.5	Infrastructure	108.548	1.8	108.548	1.8
5.1	U.5.1	Upgradation of existing facilities as per IPHS norms including staff quarters	9.91667	1.8	9.91667	1.8
5.2	U.5.2	New Constructions	90	0	90	0
5.3	U.5.3	Other construction/ Civil works except IPHS Infrastructure	8.63145	0	8.6315	0
6	U.6	Procurement	293.812	7	293.76	7
6.1	U.6.1	Procurement of Equipment	110.507	0.5	110.507	0.5

6.2	U.6.2	Procurement of Drugs and supplies	183.305	6.5	183.255	6.5
6.3	U.6.3	Other Procurements	0	0	0	0
7	U.7	Referral Transport	33.4285	0	139.03	0
8	U.8	Human Resources	9.81	24.898	9.81	24.898
8.1	U.8.1	Human Resources	0	21.72972	0	21.72972
8.2	U.8.2	Annual increment for all the existing SD positions	0	1.3861209	0	1.3861209
8.3	U.8.3	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	0	1.2818947	0	1.2818947
8.4	U.8.4	Incentives and Allowances	9.81	0.5	9.81	0.5
9	U.9	Training	32.8521	1.34	30.9021	1.34
9.1	U.9.1	Setting Up & Strengthening of Skill Lab/ Other Training Centres or institutes including medical (DNB/CPS)/paramedical/nursing courses	0	0	0	0
9.2	U.9.2	Conducting Trainings including medical (DNB/CPS)/paramedical/ nursing courses	32.8521	1.34	30.9021	1.34
10	U.10	Reviews, Research, Surveys and Surveillance	4.52	0	4.8	0
10.1	U.10.1	Reviews	0	0	0.28	0
10.2	U.10.2	Research & Surveys	0.5	0	0.5	0
10.3	U.10.3	Surveillance	0	0	0	0
10.4	U.10.4	Other Recurring cost	1.02	0	1.02	0
10.5		Sub-national Disease Free Certification	3		3	
11	U.11	IEC/BCC	6.25	0.12	25.1611	0.12
12	U.12	Printing	22.6407	0	21.4931	0
13	U.13	Quality Assurance	28.45	0.02	28.45	0.02
13.1	U.13.1	Quality Assurance	0	0	0	0
13.2	U.13.2	Kayakalp	25.2	0.02	25.2	0.02
13.3	U.13.3	Any other activity (please specify)	3.25	0	3.25	0
14	U.14	Drug Warehousing and Logistics	19.3663	0	19.3663	0
14.1	U.14.1	Drug Ware Housing	0	0	0	0
14.2	U.14.2	Logistics and supply chain	19.3663	0	19.3663	0
15	U.15	PPP	150.03	0	150.03	0

16	U.16	Programme Management	144.281	9.067735	0.9	8.61172170 5
16.1	U.16.1	Programme Management Activities (as per PM sub annex)	108.68	3.25	0	2.85
16.2	U.16.2	PC&PNDT Activities	0	0	0	0
16.3	U.16.3	HMIS & MCTS	5.4	0	6.48	0
16.4	U.16.4	Human Resource	0	5.817735	0	5.76173
17	U.17	IT Initiatives for strengthening Service Delivery	5	0	5	0
18	U.18	Innovations (if any)	4.204	1	2.8024	1
Total			3273.3	70.477	3299.28	69.988
Grand Total (NHM + NUHM)			3343.77		3369.27	

Source: DPMU, Godda

2.6 Status of trainings

Table 7: Status of training give to health delivery persons as on 30 November 2021 in Godda district

List of training (to be filled as per ROP approval)	Planned	Completed
1. SBA	Jan to Feb. 2022	On Going
2. RTI/STI	Feb. 2022	
3. DAKSHAT Training	Feb. 2022	
4. Suman Training	Feb. 2022	
5. SBA Refresher	Dec. 2021	Completed
6. Vitamin A	Nov. 2021	Completed
7. Anemia Mukh Bharat	Nov. 2021	Completed
8. CDR	Jan. 2022	
9. FBMSAM	Jan. 2022	
10. NSSK	Jan. 2022	
11. FBNBC	Jan. 2022	
12. NDD	Aug. 2021	Completed
13. KMC	Feb. 2022	
14. Minilap	Sep. 2021	Completed
15. IUCD	Feb. 2022	
16. Mera Aspatal	Feb. 2022	
17. HMIS/MCTS	Nov. 2021	Completed
18. IMEP	March. 2022	
19. Clinical Establishment Act Training	Dec. 2021	Completed

Source: DPMU, Godda

3. Service Availability at the Public health facilities

The observation made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities about infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising one each DH, CHC, PHC and SC. Since, Women Hospital is not available in the district, hence not covered by the monitoring team.

3.1 Service Delivery: District Hospital

District Hospital (**Sadar Hospital**) is a standalone situated at the district headquarter at Godda. It is well connected to the nearest road head. The next referral point is Medical college, Dumka which is 70 km away from the facility. It is a 100 bedded hospital and 10 ICU beds. The hospital is well equipped with 24*7 running water facility, RO installed drinking water facility, cleaned functional toilets (separate for male and female), sufficient sitting arrangement for OPD cases. ASHA restroom and drug storeroom with racks is available. Solar panel and Generator is available for power backup and its installed for the whole hospital. Major renovation was done in 2015. The OPD timings are from 9 AM to 3 PM. The list of services available are OPD, ANC, Delivery, PNC, Immunisation, Family Planning, Laboratory services etc.

Besides this, the monitoring team has made following observations -

- The facility provides Medicine, O&G, Pediatric, General Surgery, Anesthesiology, Dental, X-ray service, SNCU, CLMU, Labour Room Complex, ICU, Dialysis unit (under PPP), Burn unit and Emergency care services.
- The facility has Operational Theatre with Single general OT, Emergency OT and Obstetrics & Gynaecology OT.
- The facility is also well equipped with functional blood, the number of units of blood currently available in the blood bank is 33, and 138 blood transfusions were done in the last month. Blood will be available free to all.
- The facility has sharp pit and deep burial pit inside the hospital campus.
- The DH is well equipped with desktop/laptop and internet connectivity is good.
- The facility got 1st prize on Kayakalp assessment in 2018-19 with 95% and 78% in 2020-21.
- The Essential Drug List (EDL) was available in the facility and displayed in OPD area. Among the displayed 77 EDL, 49 were available on the day of visit.

- The facility has implemented DVDMS internal cold chain.
- The following drugs were in shortage in the last 30 days; ORS, IFA, Zinc Sulphate 20 mg, Dicyclomine 10 mg.
- All the consumables are available in sufficient quantity.
- The DH has in house diagnosis services in the facility along with the in house digital X-ray services it has PPP mode and CT scan services is not started yet. These services were available from 9 AM to 3 PM pm in the facility and free of cost to BPL cardholder, JSSK beneficiaries and elderly.
- There is a sufficient supply of testing kits/ rapid diagnostic kits in the facility.
- The facility has implemented the PM- National Dialysis Programme and 384 tests performed in-house. It is free for BPL and Ayushman card holders.
- DH is the designated FRU and its labour room well functional with manual delivery table and delivery equipment's along with the functional NBCC (functional radiant warmer with neonatal ambu bag). A total of 597 normal deliveries and 8 C-section deliveries were performed during November 2021.
- The facility has provided 1761 birth dose to the newborns during last three months (September, 2021 – November, 2021) and 1637 newborns were breast fed within one hour of birth.
- JSY payments are up to date and all JSSK entitlements were provided.
- PMSMA services are provided in the facility on every month of 9th, but the data of high risk PW identification and the list of high risk pregnancies are not available in the facility.
- The facility has birth and death registers. There were 1 and 10 child death occurred in the facility during previous and current financial year respectively. There were 10 and 5 maternal death occurred in the facility during previous and current financial year respectively. The facility is also providing Comprehensive Abortion Care (CAC) both trimester.
- The facility has trained human resource for IUCD/PPIUCD and they are counselling the eligible couple on FP services before providing them the basket of FP services. FPLMIS has been also implemented in the facility for indenting the FP materials. Fifty sterilizations performed in last one month.
- It has adolescent friendly health clinic and FP counsellor gives counselling to adolescents.

- Weekly data reports of P, S and L forms under IDSP are done.
- The facility is a Designated Microscopy Centre (DMC). All the positive TB patients are taking anti-TB drug from the facility. All TB patients are tested for HIV and Diabetes Mellitus. DBT instalment has been initiated under Nikshay Poshan Yojana. It has CBNAAT/ TruNat.
- Data entry in HMIS and Nikshay portal were updated, but MCTS and HWC Portal was not updated.
- RKS meeting was held every month.
- The facility is well equipped with the own ambulance services as well as ambulance services with centralized call centre. In November 2021, there was 1 cases of out-referral.

The key challenges that the institution is facing are workload is more on female doctor, as currently only one doctor is available. Radiologist is not available in the facility. The facility is having HR problem. CT scan services couldn't be started due to no HR.

Table 8: Status of human resource at district hospital, Godda.

Human Resource	Sanctioned	Regular	Contract
Deputy Superintendent	1	1	0
Specialist	Physician	2	0
	ObGy	2	0
	Pediatrician	2	2
	Anesthetist	2	0
	Surgeon	2	0
	Ophthalmologist	1	1
	Orthopedic	1	1
	Radiologist	1	0
	Pathologist	1	0
	Others	0	0
Dentist	1	1	0
SNs/GNMs	5	5	2
LTs	2	1	1
Dental Assistant/ Hygienist	1	0	1
Pharmacist	3	0	1
Hospital/ Facility Manager	1	0	1
Others	0	0	220

Source: District Hospital, Godda

Table 9: The number of individuals screened for NCD in the last six months.

	Screened	Confirmed
Hypertension	995	793
Diabetes	1096	1096
Oral Cancer	1	1
Breast Cancer	0	0
Cervical cancer	34	0

Source: DH-Sadar hospital, Godda

3.2 Service Delivery: Community Health Centre (CHC) - Mahgama

The Community Health Centre (CHC) in Mahgama is a standalone facility and well connected to the nearest road head. The next referral point is Sadar Hospital, Godda which is 30 km away from the facility. It is a 30 bedded facility. It has 24*7 running water. It is geriatric and disability friendly facility. It has RO installed drinking water facility. It has clean functional toilets. There is sufficient sitting arrangement for OPD cases and restroom for ASHA. Generator is there for power backup and it is installed for the whole hospital. Drug storeroom with rack is also available. The facility is providing its OPD services between 9 AM to 3 PM

During the visit to Community Health Centre Bounsi, the following observation were made –

- The CHC is providing OPD, ANC, Delivery, PNC, Immunisation, Family Planning, Laboratory services etc. between 9 AM to 3 PM.
- The facility also provides specialised services in Medicine, O&G, General surgery, Ophthalmology, Dental, Newborn Stabilisation Unit (NBSU). Along with these services, the facility also provides, General emergency Triage, Resuscitation, Stabilization services.
- It has Blood Storage Unit; but presently it is not functioning.
- This facility has a Sharp pit for biomedical waste management practices.
- The facility has a desktop/laptop, but the internet connectivity is poor in the area.
- It has cold chain supply chain management system and operation theatre.
- The Essential Drug List (EDL) was available in the facility and displayed in OPD area. Among the displayed 74 EDL, 47 were available on the day of visit.

- In house diagnosis services from 9 AM to 3 PM is available in the facility. Total 35198 test has conducted during September 2021 to November 2021.
- There is sufficient supply of testing kits/ rapid diagnostic kits in the facility.
- The facility needs a X- ray machine, a USG, a Radiant Warmer in NBSU.
- Delivery services are being provided by the facility, 425 normal deliveries and zero C-section were done last month.
- JSY last payments was done on 20th September 2021, after that no payment was done due to no fund available and all entitlements are being provided.
- PMSMA services are provided in the facility on every month of 9th, but the data of high risk PW identification and the list of high risk pregnancies are not available in the facility.
- The facility has birth and death registers. There were 7 and 10 maternal death occurred in the facility during previous and current financial year respectively. There were 30 and 23 child death occurred in the facility during previous and current financial year respectively. The facility is also providing Comprehensive Abortion Care (CAC) only 1st trimester.
- The facility has trained human resource for IUCD/PPIUCD and they are counselling the eligible couple on FP services before providing them the basket of FP services. FPLMIS has been also implemented in the facility for indenting the FP materials. 34 sterilizations performed in last one month.
- The Facility has vaccines and hub cutters and all the Nurses/ANM posted in the facility are aware about the open vial policy.
- The facility has provided 1241 birth dose to the newborns during last three months (September, 2021 – November, 2021) and all newborns were breast fed within one hour of birth.
- It does not have adolescent friendly health clinic.
- Weekly data reports of P, S and L forms under IDSP are done.
- The facility is a Designated Microscopy Centre (DMC). In the last 6 months, 7% of the OPD cases were tested for TB and all the positive TB patients (diagnosed at the DH) are taking anti-TB drug from the facility. All TB patients ate tested for HIV and Diabetes Mellites. DBT

instalment has been initiated under Nikshay Poshan Yojana. It has CBNAAT/ TruNat for all patients.

- The facility has received Rs. 35853305 last year and utilized Rs. 32439219.
- Data entry in MCTS is not updated, but HMIS, HWC Portal and Nikshay portal were updated.
- RKS meeting was held on 8th of October 2021.
- The facility is well equipped with the own ambulance services as well as ambulance services with centralized call centre. In November 2021, 24 cases were out-referral.

The key challenges that the institution is facing are, infrastructure is lacking as per the guidelines of FRU. It does not have emergency infrastructure. Radiologist is not available in the facility. Blood Storage Unit is not functioning. The facility needs X- ray machine, USG machine, Radiant Warmer in NBSU.

Table 10: Status of human resource in the CHC Mahgama, Godda

Human Resource		Sanctioned	Regular	Contract
MO (MBBS)		8	2	0
Specialist	Medicine	0	0	0
	ObGy	0	0	0
	Pediatrician	1	0	0
	Anesthetist	0	0	0
	General Surgeon	1	0	0
Dentist		1	0	0
SNs/GNMs		4	4	1
ANM		4	3	0
LTs		3	1	0
Pharmacist		3	2	0
Hospital/ Facility Manager		1	0	1
Others		0	0	0

Source: CHC Mahgama, Godda

Table 11: The number of individuals screened for NCD in the last six months.

	Screened	Confirmed
Hypertension	240	56
Diabetes	225	49
Oral Cancer	0	0
Breast Cancer	0	0
Cervical cancer	0	0

Source: CHC Mahgama, Godda

3.3 Service Delivery: Primary Health Centre – Saroni

The Primary Health Centre (PHC) in Saroni is a standalone facility. The next referral point is Sadar Hospital, Godda which is 15 KM away from the facility. It is a 6 bedded facility. It does not have 24*7 running water. It does not have RO installed drinking water facility. It does not have clean functional toilets. The facility is geriatric and disability friendly. This facility has sufficient sitting arrangements in OPD waiting area. The facility is providing OPD, delivery, NCD, Immunization, Family Planning. The facility is providing its OPD services between 9 AM to 3 PM. It has solar power in the facility, but whole hospital is not fully Power Backup. All the national programmes are being implemented in the periphery area of the facility.

Beside the above services, the following observation were made by monitoring team –

- The facility is well equipped with 24*7 running water supply, sufficient sitting arrangement for OPD patients, drug storeroom with rack, cleaned toilets for male and female and drinking water facility. The facility is geriatric and disability friendly.
- The facility has sharp pit and deep burial pit inside the hospital campus.
- The facility has a desktop/laptop, but the internet connectivity is poor in the area.
- The Essential Drug List (EDL) was available in the facility and displayed in OPD area. Among the displayed 62 EDL, 40 were available on the day of visit.
- There is a minimal shortage in the availability of testing kits/ rapid diagnostic kits in the facility.
- In house diagnosis services from 9 AM to 3 PM is available in the facility.
- All JSSK entitlements were not provided.
- There is no adolescent friendly health clinic in this facility,
- There were 1 and 0 maternal death occurred in the facility during previous and current financial year respectively. No child death occurred in the facility during previous and current financial year.
- Delivery services are being provided by the facility, 67 normal deliveries were done last month and all were breastfed within one hours of birth, and provided birth doses.
- The Facility has vaccines and hub cutters and all the Nurses/ANM posted in the facility are aware about the open vial policy.

- The facility has trained HR in IUCD/PPIUCD and they provide reversible FP services after counselling the beneficiaries.
- Weekly data report of P, S and L forms under IDSP is done.
- Ambulance services available in the area is the centralised call centre and 1 cases was referred.

The key challenges that the institution is facing are, no proper drinking water facility, currently they are using hand pump for drinking water which is not suitable for drinking. Not assessable from the nearby road head, ambulance also couldn't reach the facility. No proper defined boundary. Power backup is not available for the whole hospital. Warmer is delivery room is not functioning properly due to voltage drop. Staff quarters is damaged renovation is needed. It does not have own ambulance.

Table 12: Available Human Resource at PHC Saroni

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	2	0	0
MO (AYUSH)	1	0	1
SNs/GNMs	2	0	0
ANM	2	3	0
LTs	1	0	1
Pharmacist	1	1	0
Public Health Manager (NUHM)	0	0	0
LHV/PHN	0	0	0
Others	6	1	4

Source: PHC Saroni

Table 13: The number of individuals screened for NCD in the last six months.

	Screened	Confirmed
Hypertension	159	39
Diabetes	160	32
Oral Cancer	0	0
Breast Cancer	0	0
Cervical cancer	0	0

Source: PHC Saroni

3.4 Service Delivery: Sub Centre – Gaychand

The Sub-Centre in Gaychand is a standalone facility and well connected to the nearest road head. The next referral point is Sadar Hospital, Godda which is 15 KM away from the facility. It has 24*7 running water. It is geriatric and disability friendly. It does not have RO installed drinking water facility. It has clean functional toilets. This facility has sufficient sitting arrangements in OPD waiting area. It does not have any source for power backup. It has ASHA restroom. In this facility there is a specified area for yoga welfare activities. Branding of the facility is done.

During the visit to the Sub-Centre in Gaychand, the following observations were made –

- The facility has 24*7 water supply through bore-well and it is being used for drinking purpose also.
- In facility only segregation biomedical waste management practices.
- CHO has functional tablet/laptop and ANM has electronic tablet. The internet connectivity is good. But no smartphone is given to any of the ASHA.
- There were no essential drugs and anti-TB drugs available in the facility. In addition, few priority drugs such as Tab. Iron Folic Acid, multivitamin were also not available in the facility during the visit.
- There is sufficient supply of testing kits/ rapid diagnostic kits in the facility.
- The facility is well equipped with basic instruments i.e. BP instruments both types, thermometer, pregnancy testing kits, and contraceptives such as IUCD, glucometer, condoms, Chhaya etc.
- ANM has line listing of all the Pregnant women and eligible couples with them.
- There were no maternal death and child death occurred in the facility during previous and current financial year.
- Micro plan for immunisation, vaccines and hub cutter were available in the facility and ANMs were well aware about their vaccine schedules and open vial policy.
- Number of individuals above 30 years of age in the HWC population is 2500 and 74 forms of CBAC were filled in last six months.
- The weekly reporting of S form for the epidemic prone disease is not done.
- All the ASHA in the periphery area of Sub-Centre have HBNC kits but lacking with some of the drugs, i.e. PCM, Zinc and ORS. All the ASHA are aware of the provision of incentives under NTEP and Nikshay Poshan Yojana.
- Health and Sanitation days were conducted in one village in the last 6 months.

- Performance incentive not received by CHO from June 2020.
- CHOs and HWC staffs are involved in VHSNC meeting.
- No records were maintained for malaria, dengue, chikungunya, palliative and leprosy cases. Fund was last received in 2018.
- Ambulance services available in this area is 108.

The key challenges that the institution is facing are; No RO installed, ground water is used for drinking purpose. Radiant warmer in delivery room is not functioning properly. Incentives are not received regularly. Security Guard is needed for the facility. No place for Herbal garden and deep burial pit, whole area is covered by concrete. Bio Medical Wastes are burnt behind the facility.

Table 14: Available Human Resource at SC Gaychhand, Godda

Human Resource	Sanctioned	Regular	Contract
ANM/MPW Female	2	0	2
MPW Male	1	0	1
MLHP/CHO	1	0	1
Others	2	0	2

Source: Sub-Centre – Gaychhand

Table 15: The number of individuals screened for NCD in the last six months.

	Screened	Confirmed
Hypertension	160	11
Diabetes	94	8
Oral Cancer	0	0
Breast Cancer	0	0
Cervical cancer	0	0

Source: Sub-Centre – Gaychhand

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MoHFW), the monitoring of the PIP 2021 – 22 of Godda district was carried out by the PRC team from 31st December 2021 to 4th January 2022. The Civil Surgeon Office, District Hospital and MCH wing, Community Health Centre –Mahgama, Primary Health Centre – Saroni, and Sub-Centre – Gaychhand were visited for monitoring by the PRC team. During the field visit DDM accompanied the PRC team. Based on discussion with the concerned officials and monitoring observations of the health facilities the following recommendations have been made by the PRC monitoring team:

- The district as a whole is facing a severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on the urgent basis. Further, the contractual staff of NHM need to fill on the priority basis.
- Most of the NHM health staff were underpaid and are having more responsibilities; therefore, they are leaving their jobs. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.
- In Sadar Hospital (DH), recruitment of more doctors is needed, Radiologist is also needed for the facility. CT scan services need to be started soon.
- In the CHC Mahgama, change in the infrastructure as per the guidelines of FRU is to be done. Radiologist is needed for the facility. The facility needs X- ray machine, USG machine, Radiant Warmer in NBSU.
- In PHC Saroni, there is a need for RO drinking water facility, currently they are using hand pump for drinking water which is not suitable for drinking. A proper way to reach the nearby road head is needed. No proper defined boundary. Power backup for the whole hospital is needed. Radiant Warmer is needed. Staff quarters is damaged renovation is needed. Own ambulance is needed.
- In SC Gaychand, deep burial pit is needed, there is a need for security guard in this facility, Radiant warmer and RO is needed.
- It is recommended to maintain all the service delivery report properly and should be updated by the facility health staffs as it was found that many records were not updated during the visit.

5. A glimpse of the PIP monitoring visit, from 31 December 2021 to 4th January 2022



Visit to District Hospital Godda



Visit to PHC Saroni, Godda



Visit to SC Gaychand (HWC), Godda



Visit to CHC Mahgama, Godda

B Singh
Baldev Singh Kulaste

A. Mohan
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